

**Work Order ID 110998**

January-08-14 12:49:20 PM

**\*110998\***

Page 1

Item ID: D3019-1

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Back Cushion

Start Date: 1/15/14 Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 1/15/14 Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 14-01-10

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr

Revision Nbr

D3019

B

100

0.00

**\*100\***

PURCHASING

Purchasing

Memo

0.00

Purchasing

Issue P/O: 22600

Possible supplier: Chestnut Ridge Airflex fire-resistant aircraft cushioning

Order: Grade 30-40 (colour green), Density 2.6lb/ft<sup>3</sup>

Material must meet FAR 27.853(a) or 25.853(a), Part is symmetric about centerline

CE 14/01/13 (4)

110

Receive &amp; Inspect for Damage &amp; Mat'l Certs

0.00

**\*110\***

Packaging

Memo

0.00

Packaging

Ensure Material Release Note is attached

14/1/13 (4)

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
--	--	---	--

**Work Order ID 110998****\*110998\***

Page 2

January-08-14 12:49:20 PM

Item ID: D3019-1      Accept      **\*N900040100\***      Setup Start **\*NS1\***  
Revision ID:      Stop **\*NS2\***  
Item Name: Back Cushion  
Start Date: 1/15/14      Start Qty: 4.00      **\*4\***      Cust Item ID:  
Required Date: 1/15/14      Req'd Qty: 4.00      **\*4\***      Customer:  
Reference:

Approvals:      Process Plan:      Date:      Tooling:      Date:      Run Start **\*NR1\***  
QC:      Date:      SPC (Y/N):      Date:      Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120	QC6- Inspect dimensions to drawing	0.00							
<b>*120*</b>									
QC	Memo	0.00							DAS 9 9-89
Quality Control	*****REMOVE "CHESTNUT FOAM" LABEL AND ATTACH TO WORK ORDER FOR TRACEABILITY*****								
130	Identify as per dwg & Stock Location: _____	0.00							
<b>*130*</b>									
Packaging	Memo	0.00							14/2/6 (4) DAS 32 9-89
Packaging									
140	QC21- Final Inspection - Work Order Release	0.00							
<b>*140*</b>									
QC	Memo	0.00							
Quality Control									14-02-4 14-02-06

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
--	--	---	--

# Picklist Print

Page 1

January-08-14 12:49:19 PM

Work Order ID: 110998

Parent Item: D3019-1

Parent Item Name: Back Cushion

Start Date: 1/15/14

Required Date: 1/15/14

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP: B01.06.07Removed acid etch & alodine EC/SM  
per NCR 11-588 DD VERF:EC IPP REV:C 11.08.08 added note

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3019-1P Back Cushion		Purchased	No			110	Each	0.0000	1	4		1/15/15 (4)	

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

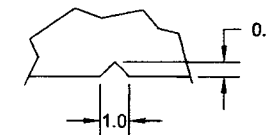
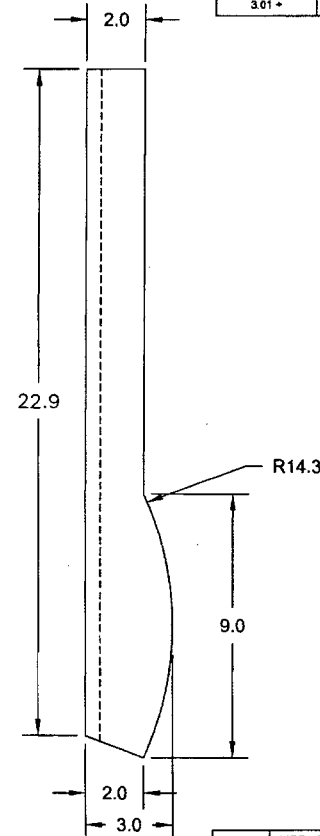
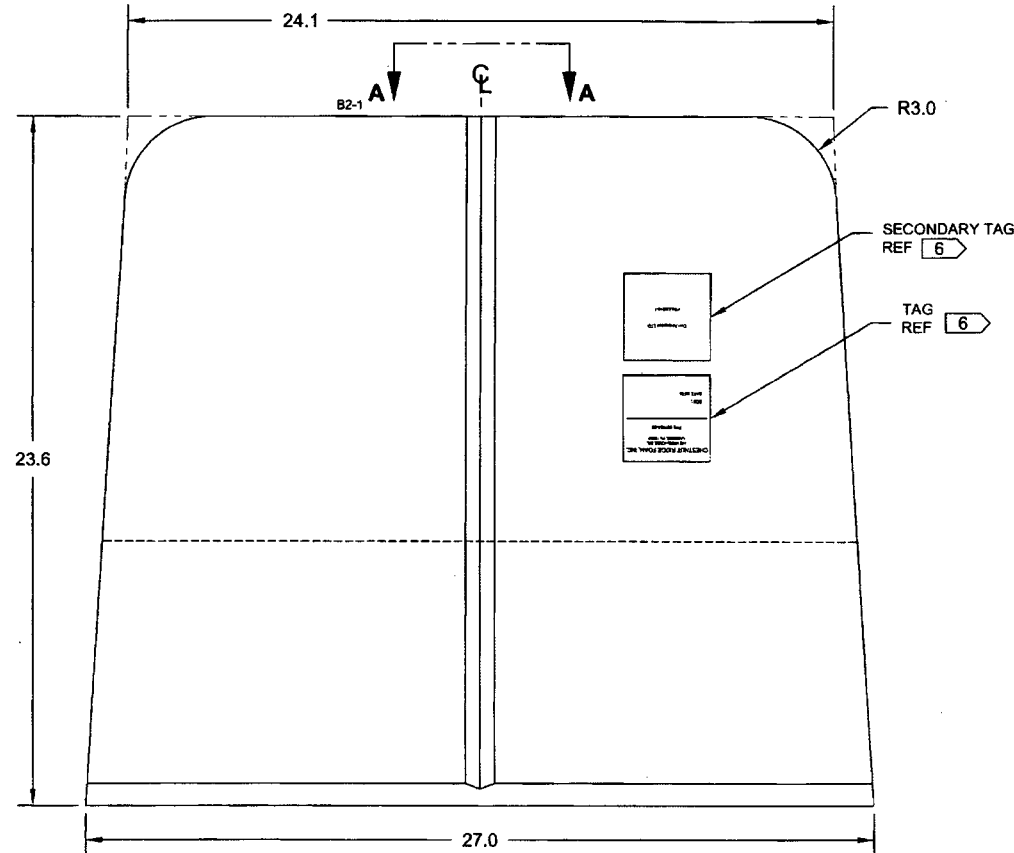
### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
--	--	---	--

# SPECIFICATION CONTROL DRAWING

TABLE 1

THICKNESS/ HEIGHT	TOLERANCE		LENGTH/ DEPTH	TOLERANCE		WIDTH (LEFT TO RIGHT)	TOLERANCE	
	(+)	(-)		(+)	(-)		(+)	(-)
0.0 - 0.50	0.06	0.06	0.00 - 6.00	0.06	0.06	0.00 - 6.00	0.06	0.06
0.51 - 1.00	0.13	0.06	6.01 - 12.00	0.13	0.13	6.01 - 12.00	0.13	0.13
1.01 - 3.00	0.13	0.06	12.01 - 24.00	0.26	0.25	12.01 - 24.00	0.25	0.25
3.01 +	0.19	0.13	24.01 +	0.50	0.38	24.01 +	0.50	0.38



VIEW A-A  
D7-1

110998 MJS  
14-01-10

**RELEASED**  
2011-05-13

## D3019-1 BACK CUSHION

### NOTES:

- 1) MATERIAL: MUST MEET FAR 27.853(a) OR 25.853(a)  
AIRFLEX FIRE-RESISTANT AIRCRAFT CUSHIONING  
GRADE 30-40 (COLOUR GREEN)  
DENSITY 2.6 lb/ft<sup>3</sup>
- 2) FINISH: NONE
- 3) TOLERANCES: PER TABLE 1
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A

- 6) IDENTIFICATION: TAG(S), BURNED, TO SHOW THE FOLLOWING AT MINIMUM:

CHESTNUT RIDGE FOAM, INC.  
443 WAREHOUSE DR.  
LATROBE, PA 15650

SO#  
DATE MFD:  
DART AEROSPACE LTD. P/N D3019-1

- 7) PART IS SYMMETRICAL ABOUT CENTERLINE

- 8) MAKE PER TEMPLATE

- 9) POSSIBLE SUPPLIER: CHESTNUT RIDGE P/N 601988-99

B	UPDATE TO CURRENT STD; DRAWING REVISED IAW CHESTNUT RIDGE MFG DWG. REF: NCR11-588	MB	11.05.10
A	NEW ISSUE	CP	01.05.18
REV.	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	11.05.10		

**DART AEROSPACE LTD**  
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. D3019  
REV. B  
SHEET 1 OF 1  
TITLE BACK CUSHION  
SCALE NTS

COPYRIGHT © 2001 BY DART AEROSPACE LTD  
THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL, AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS  
NOT TO BE USED FOR ANY PURPOSES OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT  
WRITTEN PERMISSION FROM DART AEROSPACE LTD.



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO22600

Purchase Order Date 1/13/2014

PO Print Date 1/17/2014

Page Number 1 of 1

Order From :

VU-CHE001

Ship To : DART AEROSPACE LTD

CHESTNUT RIDGE FOAM, INC.  
PO BOX 6015  
HERMITAGE, PA 16148  
US

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**RECEIVED**  
CA 1/16/17

Contact Name

Vendor Phone 724 537 9000

Ship To Contact

Ship To Phone

Ship Via: FedEx PI collect

Ship Acct:

Buyer

Chantal Lavoie

Customer POID

Customer Tax #

10127-2607

Terms

Net 30

Currency

USD

FOB

Destination-Collect

REVISED  
date.

Line Nbr	Reference Vendor Part Number Line Comments Delivery Comments	Description/ Mfg ID	Req Date/ Taxable Promise Date	CD	Req Qty/ Unit of Measure	PO Unit Price	Extended Price
1	D3018-1P  AS PER DWG D3018 REV. B B110970	Seat Cushion	2/6/2014 Yes 2/6/2014		4.00 Each	\$60.40	\$241.60
Line Total:							\$241.60
2	D3019-1P  AS PER DWG D3019 REV. B B110998	Back Cushion	2/6/2014 Yes 2/6/2014		4.00 Each	\$46.77	\$187.08
Line Total:							\$187.08
PO Total:							\$428.68

Note: Pricing listed above is as per contract agreement between Dart Aerospace and the respective manufacturer.

No substitution or deviation without consent.

Certificate of Conformity or Material Certification required ☒ YES ☐ NO

PST# 6122-5207

Change Nbr: 2

Change Date: 1/17/2014



Chestnut Ridge Foam, Inc.  
443 Warehouse Drive  
P.O. Box 781  
Latrobe PA 15650

Phone: 724-537-9000  
Fax: 724-537-9003



Packing Slip: 61532

PACKING SLIP

Page: 1

**Ship To:**

Fed Exp #1517-9324-0  
Dart Aerospace Ltd.  
1270 Aberdeen Street  
Tel: 613-632-3336  
Hawkesbury ONTARIO, CANADA K6A 1K7

**Sold To:**

Chantal Lavoie Fax#: 613-632-1053  
Dart Aerospace Ltd.  
1270 Aberdeen Street  
Tel: 613-632-3336  
Hawkesbury ONTARIO, CANADA K6A 1K7

PO: 22600

Ship Date: 2/4/2014

Ship Via: Fed Exp Int P1

SO: 49018

FOB: Origin

Sales Person: Aircraft

*Certificate of Conformity that all components comply with 14CFR 25.853(a) 12 Second Vertical  
Burn with shipment*

Line	Planned Qty	Shipped Qty	Backorder	Part Number	Revision
1	4.00EA	4.00	0.00	D3018-1P	
				Description: AIRFLEX Bottom Cushion	
				Our Part: 502148-99	
2	4.00EA	4.00	0.00	D3019-1P	
				Description: AIRFLEX Back Cushion	
				Our Part: 601988-99	

CONTACT CHESTNUT RIDGE FOAM IF THERE IS DAMAGE OR DISCREPANCIES 724-537-9000



**Chestnut Ridge**  
Foam, Inc.

## Certificate of Conformance

### SOLD TO:

Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury  
Ontario CANADA K6A 1K5

PURCHASE ORDER: 22600

SALES ORDER: 49018

DATE SHIPPED: 02.04.2014

**"URGENT! FLAMMABILITY CERTIFICATION  
ENCLOSED. PLEASE FORWARD TO  
PURCHASING. DO NOT THROW AWAY!"**

**I certify that the individual components comprising the part shipped  
against the above-referenced purchase order meets the following  
requirements:**

14 CFR 25.853(a), APPENDIX F, PART 1(a)(1)(ii), AMENDMENT 25-116

Quantity	Customer Part Number	CRF Part Number	Material	Batch Number
4	D3018-1P	502148-99	AIRFLEX 55-65	AF13044
4	D3019-1P	601988-99	AIRFLEX 30-40	AF13043, AF13044

**MADE IN THE U.S.A**

**Grace Harr**

Digitally signed by Grace Harr  
DN: cn=Grace Harr, o=Chestnut Ridge  
Foam, Inc., ou=QA Inspector,  
email=crfqc@chestnutridgefoam.com, c=US  
Date: 2014.02.04 09:32:55 -0500

❖ 443 Warehouse Drive Latrobe, PA 15650  
❖ Phone: 724-537-9000 Fax: 724-537-9003

**CHESTNUT RIDGE FOAM INC.**  
**VERTICAL BURN TEST # 15141**  
**12-SECOND VERTICAL BUNSEN BURNER TEST**  
**FOR CABIN AND CARGO COMPARTMENT MATERIALS**  
**SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853**

---

PRODUCT : CR AIRFLEX  
BATCH / LOT NO : AF13044  
CUSTOMER : PRODUCTION  
P.O. NO :  
OTHER IDENTIFICATION : AFX 55-65

---

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME  
MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

---

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : ORANGE

CONDITIONING STARTED : DATE : 12-4-13  
TIME : 10:30 AM

TEST STARTED : DATE : 12-5-13  
TIME : 11:25 AM

---

RESULTS :	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	3.5
#2.	0.0	0.0	4.5
#3.	0.0	0.0	5.0
AVG.	0.0	0.0	4.3

PASS : X      FAIL :

---

**COMMENTS :**

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,  
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES  
LAB TECHNICIAN

  
\_\_\_\_\_



**CHESTNUT RIDGE FOAM INC.**  
**VERTICAL BURN TEST # 15129**  
**12-SECOND VERTICAL BUNSEN BURNER TEST**  
**FOR CABIN AND CARGO COMPARTMENT MATERIALS**  
**SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853**

PRODUCT : CR AIRFLEX  
BATCH / LOT NO : AF13043  
CUSTOMER : PRODUCTION  
P.O. NO :  
OTHER IDENTIFICATION : AFX 30-40

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME

MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : GREEN

CONDITIONING STARTED : DATE : 11-19-13  
TIME : 9:30 AM

TEST STARTED : DATE : 11-20-13  
TIME : 10:10 AM

**RESULTS :**

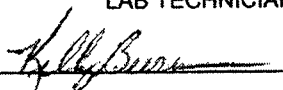
	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	3.0
#2.	0.0	0.0	3.0
#3.	0.0	0.0	2.9
AVG.	0.0	0.0	3.0

PASS : X      FAIL :

**COMMENTS :**

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,  
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES  
LAB TECHNICIAN



**CHESTNUT RIDGE FOAM INC.**  
**VERTICAL BURN TEST # 15138**  
**12-SECOND VERTICAL BUNSEN BURNER TEST**  
**FOR CABIN AND CARGO COMPARTMENT MATERIALS**  
**SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853**

---

PRODUCT : CR AIRFLEX  
BATCH / LOT NO : AF13044  
CUSTOMER : PRODUCTION  
P.O. NO :  
OTHER IDENTIFICATION : AFX 30-40

---

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME  
MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

---

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : GREEN

CONDITIONING STARTED : DATE : 12-4-13  
TIME : 10:30 AM

TEST STARTED : DATE : 12-5-13  
TIME : 11:00 AM

---

**RESULTS :**

	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	3.2
#2.	0.0	0.0	3.0
#3.	0.0	0.0	3.1
AVG.	0.0	0.0	3.1

PASS : X      FAIL :

**COMMENTS :**

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,  
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES  
LAB TECHNICIAN

  
\_\_\_\_\_

PAGE 1 LAST 41469

**CHESTNUT RIDGE FOAM, INC.**

443 WAREHOUSE DR.  
LATROBE, PA 15650

P/N: 601988-99

SO# : **49018**

DATE MFD: **02/14**



**CHESTNUT RIDGE FOAM, INC.**

443 WAREHOUSE DR.  
LATROBE, PA 15650

P/N: 601988-99

SO# : **49018**

DATE MFD: **02/14**



**CHESTNUT RIDGE FOAM, INC.**

443 WAREHOUSE DR.  
LATROBE, PA 15650

P/N: 601988-99

SO# : **49018**

DATE MFD: **02/14**

**CHESTNUT RIDGE FOAM, INC.**

443 WAREHOUSE DR.  
LATROBE, PA 15650

P/N: 601988-99

SO# : **49018**

DATE MFD: **02/14**